FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1258728

OMB APPROVAL

OMB Number 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per response . . . 1

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Name of Offering (check if this is an amendment and name	has changed,	and indicate of	hange.)		
Sensicore, Inc. Series B Preferred Stock					
Filing Under (Check box(es) that apply): Rule 504	☐ Ru	le 505	Rule 5	506 Section 4(6)	□ ULOE
Type of Filing: New Filing					
	IC IDENTIFI	CATION DA	TA		
1. Enter the information requested about the issuer.					
Name of Issuer (check if this is an amendment and name	e has changed	, and indicate	change.)		
Sensicore, Inc.				030286	
Address of Executive Offices (Number and	Street, City, S	State, Zip Cod-	e)	Telephone inumber (includ	ing Area Code)
755 Phoenix Drive, Ann Arbor, Michigan 48108				(734) 528-6300	
	Street, City, S	State, Zip Cod	e)	Telephone Number (includ	ing Area Code)
(if different from Executive Offices) N/A					
Brief Description of Business				_	
Sensicore, Inc. is engaged in the business of developing a lab	-on-a-chip m	ulti-sensor d	evice for	water and wastewater app	dications.
Time of Business Organization					
Type of Business Organization corporation limited partnership,	already form	ad			
25 corporation minica partite simp,	aiready 101111	Г	Other	please specify)	- 25
☐ business trust ☐ limited partnership,	to be formed	L	_ onici ,	picase specify)	- GOOF ESSEL
	Month	Year			- PKOO-
Actual or Estimated Date of Incorporation or Organization:	11	00	Actua	☐ Estimated	PROCESSES AUG 07 2003
Jurisdiction of Incorporation or Organization: (Enter two-let	ter U.S. Post	al Service abb	reviation		MOD
CN for Canac	la; FN for oth	er foreign juris	sdiction)	MI	THOMSCIAL
GENERAL INSTRUCTIONS					Lusa.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years. • Each permoter of the issuer, if the issuer has been organized within the past five years. • Each beneficial owner having the power to vote or dispose, or cirect the vote or disposition of, 10% or more of a class of equity securities of the issuer, • Each securities of the issuer, • Each securities of the issuer, • Each general and managing partners of partnership issuers. Check Box(e) that Apply Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name, first, if individual) Kahn, Malcolm Business or Residence Address (Number and Street, City, State, Zip Code) • Os Ensisters, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(e) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name, first, if individual) Rizik, Christopher L. Business or Residence Address (Number and Street, City, State, Zip Code) • Os Sensicers, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Rizik, Christopher L. Business or Residence Address (Number and Street, City, State, Zip Code) • Os Sensicers, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(e) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name, first, if individual) Sayder, Richard Business or Residence Address (Number and Street, City, State, Zip Code) • Os Sensicers, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(e) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name, first, if individual) Brown, Richard Business or Residence Address (Number and Street, City, State, Zip Code) • Os Sensicers, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(e) that Apply Promote	
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C/o Sensicore, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Executive Officer ☑ Director □ General and/or Managing Partner Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sensicore, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director □ General and/or Managing Partner Full Name (Last name, first, if individual) Johns, Stephen Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sensicore, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name, first, if individual) Pace, Sal Business or Residence Address (Number and Street, City, State, Zip Code)	
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Johns, Stephen Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sensicore, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☒ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name, first, if individual) Pace, Sal Business or Residence Address (Number and Street, City, State, Zip Code)	· / · · · · — — — — — — — — — — — — — —
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Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sensicore, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name, first, if individual) Pace, Sal Business or Residence Address (Number and Street, City, State, Zip Code)	Johns, Stephen
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name, first, if individual) Pace, Sal Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name, first, if individual) Pace, Sal Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name, first, if individual) Pace, Sal Business or Residence Address (Number and Street, City, State, Zip Code)	
Full Name (Last name, first, if individual) Pace, Sal Business or Residence Address (Number and Street, City, State, Zip Code)	
Business or Residence Address (Number and Street, City, State, Zip Code)	, ', ', ', ', ', ', ', ', ', ', ', ', ',
Business or Residence Address (Number and Street, City, State, Zip Code)	Pace. Sal
c/o Sensicore, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018	
	c/o Sensicore, Inc., 755 Phoenix Drive, Ann Arbor, Michigan 48018

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name, first, if individual)
Ardesta, LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
755 Phoenix Drive, Ann Arbor, Michigan 48018
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name, first, if individual)
Tan Hamb (Dast harry, 1704, 17 marriada)
NGEN Enabling Technologies Fund, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
1114 Chata Church Cuita 247 Comta Daubana California 02101
1114 State Street, Suite 247, Santa Barbara, California 93101 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name, first, if individual)
Danaher Corporation
Business or Residence Address (Number and Street, City, State, Zip Code)
4000 Bernal Linda A come West to the DC 4000C
2099 Pennsylvania Avenue, Washington, DC 20006 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name, first, if individual)
Firelake Strategic Technologies Fund, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
ETE High Street Suite 220 Dele Alte Colifornia 04201 1640
575 High Street, Suite 330, Palo Alto, California 94301-1648 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name, first, if individual)
TopSpin Partners, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
Three Expressway Plaza, Roslyn Heights, New York 11577
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name, first, if individual)
Geun Sig Cha Business or Residence Address (Number and Street, City, State, Zip Code)
Business of Residence Address (Number and Street, City, State, Zip Code)
5-305 Keumkang Park Village, Pyungchang-Dong, Chongo-Ku, Seoul, 110-012, Republic of Korea
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name, first, if individual)
Hakhyun Nam Business or Residence Address (Number and Street, City, State, Zip Code)
Dustriess of Residence Address (Number and Street, City, State, Zip Code)
101-206 Hanyang Apt., Bun-3-Dong, Kangbuk-Ku, Seoul, 42-742, Republic of Korea
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name, first, if individual)
The University of Michigan
The University of Michigan Business or Residence Address (Number and Street, City, State, Zip Code)
Duamicas of Residence Address (Milliote and Duces, Oity, Diate, 21p Code)
Walvayina Taway Baam 2071 2002 S. State, Ann Aybay Michigan 49100

					B. IN	NFORMA	TION A	BOUT OF	FERING					
1.	Has the	issuer solo	d, or does t Answer					ed investo nder ULO		offering?			Yes	No ⊠
2.	What is the minimum investment that will be accepted from any individual?										\$	N/A		
												Yes	No	
3.	Does the offering permit joint ownership of a single unit?													\boxtimes
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Nar	ne (Last n	ame first,	if individu	al)										
N/A														
Business	or Resid	ence Addr	ess (Numb	er and St	reet, City,	State, Zip	Code)							
Name of	Associate	ed Broker	or Dealer											
States in	Which P.	ercon List	ed Has Sol	icited or I	ntends to	Solicit Pu	rchacers							
States III													ПА	ll States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	ii States
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] {WY]	[PA] [PR]	
Full Nar	ne (Last n	ame first,	if individu	al)										
Business	or Resid	ence Addr	ess (Numb	er and St	reet, City,	State, Zip	Code)					- <u>-</u> -		
Name of	Associate	ed Broker	or Dealer		· <u> </u>									
States in	Which P	erson List	ed Has Sol	icited or I	ntends to	Solicit Pu	rchasers							
	(Check	"All States	s" or check	individu	al States)							• • • • • • • • • • • • • • • • • • • •	🗌 A	Il States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
Full Nar	[RI] ne (Last n	[SC] ame first,	[SD] if individu	[TN] al)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Business	or Resid	ence Addi	ess (Numb	er and St	reet, City,	State, Zip	Code)							
Name of	Associat	ed Broker	or Dealer											
States in	Which P	erson List	ed Has Sol	icited or l	ntends to	Solicit Pu	ırchasers							
	(Check	"All State:	s" or check	individu	al States)								🗀 A	Il States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]	

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	· · · · · · · · · · · · · · · · · · ·
·1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	. No observe	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ 0	\$ 0
	Equity	\$ 11,127,937	\$ 5,027,937
	☐ Common ☐ Preferred * (Convertible into Common)	<u> </u>	<u> </u>
	Convertible Securities	\$0*	\$ 0*
	Partnership Interests	\$ 0	
	Other (Specify)		\$ <u>v</u> \$ <u>0</u>
	Total	\$ 0 \$11,127,937	\$ 0 \$5,027,937
		\$ <u>11,127,937</u>	5 <u></u>
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$5,027,937
	Non-accredited Investors	0	\$ 0
	Total (for filings under Rule 504 only)	N/A	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		5 <u>11/A</u>
2			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		- W
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	
	Regulation A		\$N/A
	Rule 504	N/A	\$N/A
	Total	N/A	\$ <u>N/A</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fee	\boxtimes	\$0
	Printing and Engraving Costs	\boxtimes	\$ <u>0</u>
	Legal Fees	\boxtimes	\$ 80,000
	Accounting Fees	\boxtimes	\$0
	Engineering fees		\$ <u> </u>
	Sales Commission (specify finders' fees separately)		\$0
	Other Expenses (identify)	\boxtimes	\$ <u> </u>
	Total		\$ 80,000

	 C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE 	OF I	PRO	CEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."				\$ <u>_</u>	11,047,937
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.			Payments to Officers, Directors, &		Payments To Others
	Salaries and fees	X	s	Affiliates 0	\boxtimes	\$ 0
	Purchase of real estate			0		\$ <u> </u>
	Purchase, rental or leasing and installation of machinery and equipment	\boxtimes	\$_	0	\boxtimes	\$0
	Construction or leasing of plant buildings and facilities	\boxtimes	\$_	0	\boxtimes	\$0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\boxtimes	\$_	0	\boxtimes	\$ <u>0</u>
	Repayment of indebtedness	\boxtimes	\$_	1,127,937*	\boxtimes	\$ <u>0</u>
	*Converted indebtedness into Series B Preferred Stock					
	Working capital	\boxtimes	\$_	0	\boxtimes	\$ <u>9,920,000</u>
	Other (specify):	\boxtimes	\$_	0	\boxtimes	\$0
		\boxtimes	\$_	0	\boxtimes	\$0
	Column Totals	\boxtimes	\$_	1,127,937	\boxtimes	\$ <u>9,920,000</u>
	Total Payments Listed (column totals added)			⊠ \$ <u> 1</u>	1 ,047	,937

signature constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited investor pur	U.S. Securities and Exchange Commission, upon w	,
Issuer (Print or Type)	Signature / //	Date
Sensicore, Inc.	Maked Cl	July <u>30,</u> 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Malcolm Kahn	President and Chief Executive Officer	

D. FEDERAL SIGNATURE

	E. STA	TE SIGNATURE							
1.	to any of the disqualification provisions Yes No								
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the offerees.	state administrators, upon written request, information furnished by the issuer to							
4.		with the conditions that must be satisfied to be entitled to the Uniform Limited otice is filed and understands that the issuer claiming the availability of this ins have been satisfied.							
	ter has read this notification and knows the contents to be tru horized person.	te and has duly caused this notice to be signed on its behalf by the undersigned							
Issuer (I	Print or Type)	Signature // Date							
Sensico	re, Inc.	July <u>30,</u> 2003							
Name of	f Signer (Print or Type)	Title (Print or Type)							
Malcoli	n Kahn	President and Chief Executive Officer							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

			·	APPE			·			
ſ	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL	1 es	X	1	Investors	Amount	N/A	N/A	1 05	X	
AK		x		···		N/A	N/A		X	
AZ	-	X				N/A	N/A		X	
AR		X				N/A	N/A		X	
CA		X	Series B Preferred Stock	2	\$1,800,000	N/A	N/A		X	
			\$3,000,000							
СО		X				N/A	N/A		X	
СТ		x				N/A	N/A		X	
DE		X				N/A	N/A		X	
DC		X	Series B Preferred Stock	1	\$600,000	N/A	N/A		X	
			\$1,000,000				- 		-	
FL		X				N/A	N/A		X	
GA		X				N/A	N/A		X	
HI		X		n'		N/A	N/A		X	
ID		X				N/A	N/A		X	
IL		X				N/A	N/A		X	
IN		X				N/A	N/A		X	
lA		X				N/A	N/A		X	
KS		X				N/A	N/A		X	
KY		X		5 Name pr		N/A	N/A		X	
LA		X		*****		N/A	N/A		X	
ME		x				N/A	N/A		X	
MD		x				N/A	N/A		X	
MA		x				N/A	N/A		X	
MI		X	Series B Preferred Stock \$1,627,937	1	\$1,427,937	N/A	N/A		X	
	1							1	1	

APPENDIX

				APPEN					
1	Intend to non-ad investors (Part B-	to sell ecredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	ype of security and aggregate offering price Type of investor and ffered in state amount purchased in State					fication te ULOE attach tion of tranted)
				Number of		Number of		,	
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
MN		X				N/A	N/A		X
MS		X				N/A	N/A		x
МО		X				N/A	N/A		X
MT		X				N/A	N/A		X
NE		X				N/A	N/A		X
NV		x				N/A	N/A		X
NH		Х				N/A	N/A		x
NJ		X				N/A	N/A		X
NM		X				N/A	N/A		X
NY		X	Series B Preferred Stock	2	\$1,200,000	N/A	N/A		X
	ļ	ļ	\$2,000,000				I		
NC		X				N/A	N/A		X
ND		X				N/A	N/A		X
ОН		X				N/A	N/A		X
OK		X				N/A	N/A		X
OR		X				N/A	N/A		X
PA		X				N/A	N/A		X
RI		X				N/A	N/A		X
SC		X				N/A	N/A		X
SD		X				N/A	N/A		X
TN		X				N/A	N/A		X
TX		X				N/A	N/A		X
UT		x				N/A	N/A		X
VT		X				N/A	N/A		X
VA		x				N/A	N/A		X
WA		X				N/A	N/A		X
WV		X				N/A	N/A		X
WI		X				N/A	N/A		x

				APPENI	DIX						
1	2	2	3		4			5			
İ			Type of security					under Stat			
	Intend		and aggregate					(if yes,			
Ì	1	ccredited	offering price		Type of in			explana waiver g			
	investors	in State	offered in state		amount purchased in State						
	(Part B-	·Item 1)	(Part C-Item 1)		(Part C-	Item 2)		(Part E-l	tem 1)		
				Number of		Number of					
	1			Accredited		Non-Accredited					
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
WY		X				N/A	N/A		X		
PR		X				N/A	N/A		X		

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DETROIT 27012-2 742001v02